

Shift Supervisor's Daily Report

Section I. Daily Post Assignment Roster					
Shift				Date	
The shift supervisor signature indicates all information on this form is correct. Officers will sign in for the post assignment during shift briefing. Any changes in post assignment will be noted and initialed by the shift supervisor.					
(Post and Type of Post)	(Staff Assigned)				
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
S/A/T	_____	Total number of officers present for shift:			_____
S/A/T	_____	Total number of officers absent for shift:			_____
S/A/T	_____	Total number of officers assigned to shift:			_____
Other (Hospital, etc.)	_____	Officers called in on day off & reason:			_____
Assignment:	Officer: _____				
	_____				_____
	_____				_____
	_____				_____
Day Off	_____	Approved Leave (Type)			_____
	_____				_____
	_____				_____
Training	_____	Sick/Enforced			_____
	_____				_____
Daily Master Roster Record of Changes (Use a second form if additional space is needed)					
Post	Officer Assigned	Reason for Absence	Relieving Officer	Relieving Officer Assign.	Comments

Section II. Shift Information Sheet								
Date:			Shift Supervisor:					
Overall Count:	Count:	Count:	SHU	Unit	Unit	Unit	Unit	Unit
			Unit	Medical				
Shift Briefing Notes:								
Passed on from Last Shift:								
Passed on to Next Shift:								
Summary of Incidents:								
Security Equipment Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Surveillance Cameras Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Fire Panel Status: Include date warden was notified, who made notification, date work order was submitted and completed								
Out Count/Reason: (Name/DOC#/Location)								
DUTY OFFICERS				Next Shift Call-Ins (Name/Reason)				
	Name	Contact #	Name	Reason				
Facility:								
Mental Health:								
Medical:								
Maintenance:								

SIGNATURES

Shift Supervisor: _____ Date/Time: _____

Chief of Security: _____ Date/Time: _____

Deputy Warden: _____ Date/Time: _____

Warden: _____ Date/Time: _____